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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Ethiopia

The Executive Director recommends that the Executive Board approve the country programme of Ethiopia for the period mid-1994 to mid-1999 in the amount of $75 million from general resources, subject to availability of funds, and $37.5 million in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. Ethiopia is one of the world's poorest developing countries, with a 1991 per capita income of $120. Two thirds of the population is unable to afford even the most basic necessities. The low level of domestic savings, a result of drought, massive poverty and the 30-year civil war leading to the partition of the country, have seriously curtailed domestic investment. Consequently, the country relies heavily on external financing. According to the Ministry of External Economic Cooperation, official development assistance (ODA) was $10 per capita in 1991-1992, increasing to $21 in 1992-1993. This increase is still insufficient to overcome the effects of drought, low agricultural production and massive destruction from the war, which are the main constraints to economic development. Population pressure also aggravates the weak economic situation. The population growth rate is estimated at about 3 per cent per annum, with the urban population growing at an average rate of 4.3 per cent per annum.

2. As a result of political changes, the highly centralized former Government and party structures, such as the farmers' associations and the women's associations, which were the centrepieces of social and economic development, have been dismantled and, for the most part, have not been replaced. At the same time, community participation in development and the support systems for social service delivery have collapsed. A national conference on peace and democracy was held in July 1991. The resulting charter of 22 July 1991 established the Transitional Government of Ethiopia, which has inaugurated a new chapter in Ethiopian history in which freedom, equal rights and self-determination of all people are the governing principles for political and socio-economic development. The Transitional Government of Ethiopia is guided by a council of representatives drawn from many political organizations and democratic groups.

3. In response to the previous Government's ineffective, overcentralized policies, the present Government has called for the decentralization of governance. Proclamation 41/1993 established the powers and duties of the central Government (20 ministries, 4 commissions and 20 bureaux). Ten regions and 647 woredas (districts), defined by ethnicity and language, were also established following elections. The regions were further divided into 49 socio-economic zones, which encompass several woreda administrations. All ministries, apart from the Ministries of Defence, Foreign Affairs and External Economic Cooperation, are replicated at the regional level. Elected regional governments and woreda administrations have their own political and legal authority. They determine regional and local socio-economic development priorities and manage their own budgets and external assistance, especially in emergency situations, in cooperation with the central Government. The establishment of the regional and woreda socio-economic development infrastructure is being buttressed by new sectoral policies and operational guidelines being formulated by the central Government for adaptation by regions and woredas.

4. Since the end of the civil war, new opportunities and challenges for development have been created by the reduction in military expenditures (from

19 per cent of the gross national product (GNP) in 1990 to 6 per cent in 1991). The share of the national budget allocated to the social sectors has increased from 12 per cent in fiscal year 1989/90 to 21 per cent in fiscal year 1993/94. Through the emergency recovery and reconstruction project, supported by several donors in conjunction with the World Bank, the Government is focusing on rehabilitating economic and social infrastructures destroyed or neglected during the war; re-establishing essential production activities in agriculture and industry; reviving such vital social sectors as education and health; and providing pilot-scale support to community-based economic activities. All of these efforts are necessary for socio-economic recovery. It is in this environment that the preparation of the country programme and the drafting of the national programme of action has provided an opportunity for the Transitional Government of Ethiopia to ensure that future socio-economic development focuses on child survival, protection and development.

5. In Ethiopia, environmental degradation is both a cause and an effect of widespread poverty and underdevelopment. Land degradation has escalated as a result of increasing population pressure; misuse of the land has been exacerbated by an influx of returnees from neighbouring countries and refugees, mainly from Somalia and the Sudan. According to the Food and Agriculture Organization of the United Nations (FAO), the soil depth of over one third of the highlands is too shallow for proper crop cultivation. Less than a century ago, 40 per cent of Ethiopia was covered by dense forests, while today less than 4 per cent remains forested.

6. The overall impact of the macroeconomic, environmental and political problems on Ethiopian children and women is reflected by the high maternal mortality rate (MMR) and infant mortality rate (IMR), which are estimated at 560 per 100,000 live births and at 123 per 1,000 live births respectively. The under-five mortality rate (U5MR) is estimated at 208 per 1,000 live births. Each year, over 17,000 women die as a result of complications associated with pregnancy and childbirth; 322,000 infants die before their first birthday; and some 547,000 children die before the age of five years. It is estimated that 46 per cent of these child deaths are the result of diarrhoea. Other major killers include acute respiratory infections (ARI), measles, malnutrition, malaria and tuberculosis.

7. Protein-energy malnutrition, vitamin A deficiency, anaemia and iodine deficiency disorders (IDD) are the most pressing nutritional problems. According to a 1992 rural survey, the incidence of wasting and stunting among children under five years of age is 12 per cent and 64 per cent, respectively, and some 48 per cent of children are underweight, implying that approximately 5 million children in the country are malnourished. The prevalence of IDD, as measured by goitre, is estimated at 26 per cent. Approximately 5 million children six to nine years of age have low retinol levels in serum and 73,600 children have Bitot's spots, both indicators of vitamin A deficiency.

8. Approximately 27 per cent of all lactating women are malnourished. Low birth weight, an indirect indicator of maternal malnutrition, is 16 per cent. About 17 per cent of pregnant and lactating women suffer from anaemia caused by inadequate dietary intake, malaria, intestinal worm infections and other febrile infections. Women are generally undernourished because they lack sufficient

calories to balance the energy demanded of their heavy workloads and multiple pregnancies. Women in rural areas commonly work 15 to 18 hours a day and are responsible for about 50 per cent of subsistence agricultural production. The long-standing and deep-rooted tradition of giving women exclusive responsibility for most household production tasks, such as obtaining water and fetching firewood, drains their energy. Women, therefore, have little time and few resources for child care or for the care of their own health, even when they are pregnant.

9. The lack of food security and self-sufficiency is a chronic problem; 90 per cent of rural households are classified as insecure. Rural dwellers consume only 73 per cent of the FAO/World Health Organization (WHO) recommended minimum caloric intake of 2,000 calories per person per day. A recent FAO/World Food Programme (WFP) crop assessment mission forecast 1994 grain production at 6 per cent lower than the record harvest of 1993, but above the five-year average. For 1994, the Relief and Rehabilitation Commission (RRC) estimates emergency food aid requirements at 590,000 tons for 4.4 million persons, with an additional 437,000 tons needed for the structural food deficit and emergency food security reserves.

10. The human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) are spreading rapidly. The Ministry of Health and WHO estimate there will be a total of 588,000 HIV-infected persons, 65,200 cases of AIDS and about 54,000 AIDS-related deaths in 1994. If present trends continue, by the year 2000 there will be some 1,155,000 HIV-infected persons, about 324,000 cases of AIDS and 150,000 AIDS orphans. Implementation of health-care policies and programmes, including community health services, has been hampered by inadequate resources, the massive destruction of physical infrastructure during the civil war, limited health management capacity, lack of community involvement and poor programme coordination. The health infrastructure is inadequate. Even though the number of health institutions has more than doubled in the past 15 years to 89 hospitals, 160 health centres, 2,292 health stations and 11,000 health posts, access to existing health services has increased from 20 per cent to only 45 per cent. Moreover, existing health services are often underutilized owing to low awareness, a shortage of drugs and poor quality of service. Health units are often too far away from homes in rural areas, and there is a shortage of transportation.

11. The vast majority of Ethiopians lack access to safe drinking water. Access in urban areas is estimated at 80 per cent, while access in rural areas is only 20 per cent. Total sanitation coverage is estimated at 7 per cent, but it is only 1 per cent in rural areas. The lack of access to safe water and sanitation contributes significantly to poor nutritional status, increased morbidity and mortality, especially among children and women, and a high incidence of such water-borne diseases as diarrhoea. Dracunculiasis (guinea-worm disease) affects the remote south-western areas bordering Kenya and the Sudan. Although there are relatively few active cases, the disease causes much suffering and reduced economic activity among the 800 people who are afflicted.

12. Only 2 per cent of the 4.1 million kindergarten-aged children are enrolled in pre-school programmes, namely, early childhood care, development and education programmes in 864 centres located mainly in urban areas and in a few

farmers' cooperatives. These pre-school programmes are run by communities, non-governmental organizations (NGOs) and religious organizations, but their early childhood intellectual stimulation and development components vary widely in quality. Participation in primary education decreased from 32 per cent in 1990 to 19 per cent in 1993 owing to the destruction of facilities, the decline in family incomes and the lack of political priorities for, and people's perception of, primary schooling. The drop-out rates are high, especially for girls. Even with the increase in the number of schools, teachers and overall enrolment and participation during the period 1974-1989, the education system, particularly primary education, is of low quality and limited relevance. Major constraints include low teacher motivation, poor quality of textbooks, unsuitable school buildings and facilities, shortage of teaching and learning aids and inadequate school management. The proportion of girls enrolled in primary school rose steadily between 1974 and 1984, but since then has remained stagnant at about 24 per cent.

13. The magnitude of the problem of children and women in especially difficult circumstances is not easy to quantify. The World Bank estimates that about 50 per cent of the population lives in absolute poverty. Over 500,000 persons were resettled forcibly by the former Government, and most are now returning to their ancestral lands. Rapid urbanization, drought, famine and armed conflict have resulted in millions of children becoming orphaned, displaced, homeless or abandoned and in the destabilization of families. It is estimated that about 34 per cent of families are headed by women. About 54,000 destitute children are currently being cared for by different charities. The Ministry of Education estimates that 2.2 million children under the age of 15 years suffer from disabilities. As a result of the 1984-1985 drought, 250,000 children were left homeless. Currently there are about 100,000 street children between the ages of 5 and 15 years, and another 1.1 million urban children are at high risk of becoming street children. The demobilization of some 300,000 soldiers belonging to the previous Government's army has left these men and their families with limited shelter and sources of livelihood.

PROGRAMME COOPERATION, 1992-1994

14. The 1992-1994 programme of cooperation was approved to cover the period immediately following the civil war. The programme has supported Government efforts: (a) to reduce IMR, U5MR and MMR; (b) to reduce severe and moderate malnutrition in children; (c) to increase opportunities in basic education, especially for girls and women; (d) to reduce water-borne diseases by increasing access to potable water supplies and sanitary means of excreta disposal; (e) to promote the planning and implementation of integrated basic services through an area-based approach; (f) to prepare a national programme of action; (g) to improve sectoral monitoring capacity through support to key institutions; and (h) to formulate policies on health, education and women and incorporate gender-responsive planning in programmes.

15. The 1992 programme implementation review of Government/UNICEF cooperation concluded that programme implementation remained too centralized. Decentralization of assistance to the woreda and community levels was

recommended strongly. The 1990 mid-term review of the 1988-1991 programme of cooperation made a similar recommendation.

Health

16. The achievements of the health programme were found to be inadequate. Major constraints were the destruction and looting of health institutions (approximately 20 per cent), security problems limiting access, lack of community participation and poorly motivated health workers. Largely owing to the disintegration of mass organizations, expanded programme on immunization (EPI) coverage fell from 59 per cent in 1990 to 13 per cent in 1992. Strong social mobilization, sensitization, well-organized vaccination days and the decentralization of health management to build a strong system with full public participation were among the recommendations made to reinvigorate EPI. Following up on those recommendations, EPI reached an estimated 25 per cent of a 30 per cent target by the end of 1993, while also reducing the average cost per fully immunized child from $12.60 in 1992 to $2.19 in 1993. Over the same period, tetanus toxoid coverage of women rose from 3 to 10 per cent. However, drop-out rates of about 40 per cent have been recorded in most regions.

Nutrition

17. Limited coverage resulted from weak nutrition monitoring and the lack of an operational field network in the Ethiopian Nutrition Institute. A major recommendation of the programme implementation review was to strengthen collaboration between the Family Health Care Department of the Ministry of Health and the Ethiopian Nutrition Institute in human resources development, programme implementation and technical support. It was recommended further that collaboration between the Ministry of Health and other sectors, such as education and agriculture, would improve service delivery and household food security in rural areas. More systematic use of programme monitoring information and a review of coordination mechanisms were recommended. At the national level, advocacy for nutrition policy development was encouraged. Over the period 1991-1993, vitamin A supplementation was provided to an estimated 1 million children under the age of five years. About 2.5 million persons were using iodized marine salt from the Assab salt works before production and distribution was destabilized as a result of the civil war and the subsequent partition of the country in 1991.

Water supply and environmental sanitation

18. Despite considerable financial, material and technical efforts, achievements in this programme are few. Of the 769 new schemes planned, only 217 schemes, serving some 350,000 persons, were achieved during 1991-1993, with 4,092 water points maintained or rehabilitated out of 5,808 targeted. Major constraints were the gradual decline of government budget allocations to water supply, coupled with negligible allocations for sanitation; the restructuring and decentralization of the responsible government organizations, resulting in temporary fragmentation of decision-making mechanisms and rapid staff turnover; security problems that blocked access to some project areas; and inadequately trained personnel. The programme review recommended more advocacy with the Government to increase budget allocations for water supply and sanitation;

adaptation of the programme to suit the new decentralization policy; an increased focus on awareness-raising and education through implementation of community-based sanitation projects and maintenance schemes; and greater support for training of personnel. In late 1991, the Ministry of Health regenerated government commitment to dracunculiasis eradication by reorganizing the national steering committee and instituting a passive case review, followed by an active case search covering five regions. Some 800 cases of dracunculiasis were found in 116 villages in 2 regions where the disease is endemic. As of 1994, two were free of cases and one remains to be searched; eradication activities have started. The programme provided technical assistance for the development and execution of the search. Eradication supplies and activities were funded jointly from the programme budget and by Global 2000, an NGO.

Education

19. The programme implementation review concluded that the education programme suffered from declining primary school enrolment and literacy rates, irrelevant curricula, poor quality of teaching and scarcity of textbooks. The dismantling of community organizations sharply reduced community involvement in the planning, implementation, monitoring and, therefore, sense of ownership of education. In particular, early childhood care, development and education and literacy programmes have received little government attention. The programme advocated and provided technical assistance for the formulation and adoption of a new educational policy based on the principles of the World Conference on Education for All, the strengthening of community structures and mobilization at the grass-roots level. The development of monitoring and evaluation mechanisms should improve performance substantially.

Area-based development

20. The rural and urban integrated basic services projects have shown that the area-based development strategy has succeeded in mobilizing local communities through, for example, community construction of buildings for grinding mills and support for early childhood development. Since the early 1980s, the rural/urban integrated basic services projects have influenced social development in 95 woredas. In 1992-1993, 60 per cent immunization rates for infants were recorded in rural/urban integrated basic services areas, while the rest of the country had an average of about 13 per cent. Rural activities also engendered a sense of community ownership, as illustrated by the large number of the rural integrated basic services structures protected by the communities during the extensive looting that occurred with the change of government in May 1991. Communities are involved in the identification of needs, project planning, implementation, monitoring and evaluation. About 720 community members have been trained. Human and material resources have been mobilized to address community needs, for example, early childhood care, development and education centres have been established and supported through community contributions. Activities have attracted a wide range of basic technical and entrepreneurial skills to villages and have increased employment (especially self-employment opportunities) by stimulating production and enhanced self-reliance. About 4,250 female-headed households were provided with credit for self-employment schemes, although this was about one half of the target for the period. The programme review recommended the establishment of nutritional impact monitoring

systems; the enhancement of women's roles, especially in programme decision-making; the exploration of new employment opportunities for women; better planning and synchronization of essential drugs with the health and disease profiles of the communities; the establishment of a community-based incentive system for better-managed projects; and the development of criteria for providing and subsequently phasing out assistance.

21. The emergency preparedness programme supported the RRC early warning system to monitor droughts and impending food shortages. Support to emergency relief programmes has been targeted at about 250,000 Somali refugees and about 100,000 Ethiopian returnees and victims of drought and armed conflict. Focusing on supplementary and therapeutic feeding, measles vaccination, water supply and sanitation and the provision of essential drugs and health supplies, UNICEF assistance was provided through both ministries and NGOs. An estimated 64,140 children under five years of age, as well as pregnant and lactating women, benefited from targeted nutritional programmes, while 71,880 benefited from emergency health services, often provided in collaboration with such NGOs as Médecins sans frontières (Doctors without Borders). To aid the displaced, the programme provided basic shelter materials, blankets and cooking utensils, channelled through RRC and NGOs. Emergency rehabilitation activities focused on the repair of water facilities, reopening of health services and provision of nutritional support in war- and drought-affected areas.

22. The number of media institutions involved in social mobilization and information, education and communication (IEC) for child survival, protection and development has more than doubled. However, the mass media remain underutilized in sustained advocacy and information activities, mainly because of a slow-working central planning bureaucracy, which is being replaced gradually by a decentralized system. Nevertheless, the ratification of the Convention on the Rights of the Child in 1992 and the establishment of offices responsible for women's issues in all government ministries are partly a result of advocacy activities supported by the programme. To commemorate the international children's day of broadcasting in 1992, Ethiopian television broadcast several child survival, protection and development-related programmes based on Facts for Life messages, the Convention on the Rights of the Child and other issues, in the Amharic, Oromigna and Tigrigna languages. However, coverage has focused mainly on events and less on issues. Local journalists, editors and producers have relied on press kits and information supplied by UNICEF and other organizations, and this support has helped to create more interest in development issues among the mass media. Follow-up is still needed, however, to train extension workers, animators and scriptwriters in writing, producing and monitoring communication activities.

23. The programme development sector focused on the promotion of the goals adopted by the World Summit for Children, the preparation of the national programme of action, policy and programme development, advocacy and data collection, coordination and monitoring. Improving government capacities in programme development, monitoring and evaluation was supported through training and technical assistance. Several monitoring activities, such as annual and quarterly review meetings, field trips, studies and evaluations, were supported. Fifty-six studies and evaluations were undertaken in 1992 and 1993, although their quality and the extent of their use for policy development and improvement

in implementation need to be improved. The findings and recommendations of the studies and the evaluations have been utilized, however, in the preparation of the present country programme. The Government, through the Ministry of External Economic Cooperation, has coordinated the regular country programme, while RRC coordinates emergency relief activities.

Lessons learned during the programme cycle

24. The previous programme of cooperation was implemented through centralized institutions, in line with the central planning orientation of the previous Government. There was limited access to rural areas because of the civil unrest. Within this context, supervisory and management support from the centre to the periphery was curtailed. Donor involvement in field monitoring and evaluation decreased because of security and bureaucratic constraints. Communities remained passive. Supplies and equipment often remained at the capital and in the major towns. Rural and urban integrated basic services activities were the exceptions, but they could not be expanded for political reasons. Therefore, most UNICEF programme assistance supported central-level ministries and institutions. These organizations had limited capacity to reach priority population groups owing to a period of organizational stagnation after the change of Government and the commencement of a massive decentralization of public administration.

25. Evaluation of the rural and urban integrated basic services projects and the joint nutrition support programme have shown that area-based programmes are capable of reaching underserved and disadvantaged communities. However, decentralized programmes need to have longer lead-time for planning in order to cultivate commitments with local governments sufficiently, a measure which will strengthen sustainability. Monitoring systems need to be more complete and extend beyond a focus on inputs. An analysis of the results, in terms of access and coverage of services by sector and the extent to which improved service delivery is helping to meet basic needs, is essential. All cooperating government agencies need to employ standardized accounting procedures for estimating unit costs so that programme inputs can be managed in a more cost-effective manner. The involvement and empowerment of women has to be increased and sustained as the key building block for increasing community and family effectiveness in child survival, development and protection initiatives.

Country programme preparation

26. The Ministry of External Economic Cooperation established an interministerial committee in consultation with UNICEF to guide the preparation of the country programme. The committee reviewed the situation of children and women in Ethiopia, the goals of the World Summit for Children, the provisional national programme of action, the 1990 mid-term review recommendations and the subsequent programme implementation reviews in the process of formulating a country programme strategy. The strategy was reviewed by a formal committee comprising the Government, UNICEF, representatives of the regional governments, several bilateral donors, United Nations agencies and NGOs. The draft sectoral programmes were later reviewed by the same committee.

RECOMMENDED PROGRAMME COOPERATION, mid-1994-mid-1999

General resources: $75,000,000
Supplementary funding: $37,500,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Nationwide programmes			
Primary health care	12 360	7 100	19 460
Household food security and nutrition	3 100	1 000	4 100
Water supply and sanitation	4 600	4 250	8 850
Basic education	4 600	4 250	8 850
Social communication	2 500	900	3 400
Programme development	6 800	-	6 800
Emergency preparedness	3 100	-	3 100
Woreda integrated basic services programme	37 500	18 750	56 250
Dracunculiasis eradication	440	1 250	1 690
Total	75 000	37 500	112 500

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

27. The overall goal of the 1994-1999 country programme is to contribute to the development of policies, systems and approaches that will accelerate the reduction in mortality and morbidity among children and women through implementation of national programme of action goals and targets, as provisionally adopted by the Transitional Government. The programme has two broad synergistic strategies: (a) to address priority child and women's survival needs through rebuilding and expanding nationwide service delivery systems and programmes, taking into consideration selected mid-decade goals, and to incorporate the national programme of action into the policies and budgets of the new regional Governments and woreda administrations; and (b) to support integrated basic services programmes at woreda and community levels. The nationwide programmes will also contribute to the delivery and incorporation of basic services in woreda programmes. Conversely, the woreda basic services programmes will be the basis for sustaining nationwide programmes and introducing implementation of the national programme of action through community

participation, capacity-building and empowerment. The woreda basic services programmes would also seek to achieve targets beyond those that can be achieved nationwide. Thus, the government emphasis on rural development through bottom-up planning and its shifting of resources to regional and woreda levels provides a unique opportunity for a nationwide social development strategy to be launched during the programme period. Ethiopia has established decade goals for children in its provisional national programme of action that, reflecting the country's limited domestic and external resources, are ambitious, even if somewhat lower than the mid-decade goals and goals for the year 2000.

28. The objectives and strategies of the government/UNICEF nationwide programmes include: (a) accelerating universal child immunization (UCI) to reach 80 per cent coverage, combined with vitamin A distribution to eliminate deficiencies; (b) achieving 80 per cent oral rehydration therapy (ORT) use by child-care workers; (c) eliminating IDD through salt iodization; (d) promoting positive sexual behaviour and practices to prevent HIV infection among 80 per cent of youths aged 10 to 19 years, both in and out of school; (e) promoting baby- and mother-friendly practices in 75 per cent of the country's 89 hospitals and 160 health centres; (f) eradicating dracunculiasis by 1995; (g) advocating implementation of the Convention on the Rights of the Child, the national programme of action and the Consensus of Dakar focusing on selected mid-decade goals; (h) establishing systems for monitoring the situation of children and women as part of the Government's regular social statistics compilation; (i) formulating child- and women-focused policies; and (j) assisting central and regional governments to increase emergency preparedness capabilities and improved response to emergency situations. As part of these nationwide interventions, the programme also will support the development and promotion of social sector policies, especially those focusing on popular participation, capacity-building and empowerment in sectors affecting women and children. In addition, UNICEF assistance will support the regions in implementing nationwide programmes and in replicating woreda integrated basic services experiences in every region of the country. Specific support will focus on management and systems development, human resources development, social mobilization, provision of supplies and logistics.

29. The central Government will have the main responsibility for coordinating and monitoring the nationwide programmes to achieve national coverage of key services that will accelerate the reduction of infant, child and maternal mortality. Nationwide programmes are formulated centrally in concurrence with the regions. Implementation is mainly the responsibility of the regional governments and woreda administrations. These programmes will include such cross-cutting strategies as strengthening the role of women and building capacity, advocacy and social mobilization, which collectively will serve to enhance the impact of the programme and strengthen its sustainability.

30. The main thrust of the woreda integrated basic services programme is to establish sustainable systems to save lives and improve services. Key to the strategy is the empowerment of communities through their involvement in the identification of needs, planning of interventions, mobilizing and management of resources and implementation of programmes using low-cost, community-managed and, thus, sustainable technologies. Special attention will be given to

capacity-building at woreda and community levels to improve the management and delivery of basic services.

31. Core services and projects in the woreda integrated basic services programme include the development of primary health care (PHC) based on the Bamako Initiative strategy; household food security and nutrition using the "triple-A" approach (assessment, analysis and action); water supply and environmental sanitation, with an emphasis on community-based and community-managed technologies, as well as community-based control of diarrhoeal diseases (CDD); basic education, using strategies of the World Conference on Education for All through public, NGO, media and community-based organizations; and planning and evaluation that will help communities internalize the triple-A approach and assist the Government in monitoring the implementation and impact of the national programme of action, the Convention on the Rights of the Child and the country programme. Environmental protection and improving the survival and protection of children and women in especially difficult circumstances, as the first two steps towards development, will be the primary intersectoral focus of the programme. The empowerment of women will be addressed through such interventions as improved household-level technologies, the promotion of participation in community activities and increased access of women to credit, life-skills information, education and health services.

32. The objectives of the programme in the targeted woredas include reducing (a) IMR from the 1992 estimated level of 123 to 68 per 1,000 live births; (b) U5MR from 208 to 92 per 1,000 live births; (c) MMR from an estimated 700 to 400 per 100,000 live births; and (d) child malnutrition from 47 to 30 per cent. The objectives also include increasing (a) immunization coverage from 25 to 90 per cent; (b) enrolment of primary education from 19 to 60 per cent, with an emphasis on girls; (c) access to safe water from 23 to 43 per cent; and (d) sanitary means of excreta disposal from 7 to 25 per cent.

33. The woreda integrated basic services strategies are based on adaptive programming through a "rolling" plan. This process will ensure that, on the one hand, resources available for the year are allocated by region, woreda and community, based on clearly defined priorities, and that, on the other hand, important opportunities for expanding to regional or nationwide coverage can be achieved through adjustments in programmes in concert with regional governments. The strategies reflect the principle of developing integrated approaches with strong community participation that will lead to effectiveness, affordability and sustainability. Start-up activities include training in participatory planning and baseline surveys. Projects will be managed and decisions taken by the participating communities themselves, with the support of extension workers and community-based organizations. The targeting of deprived communities brings a focus to alleviating poverty and reducing disparities in the selected woredas through credit services, with a special focus on households headed by women, and the promotion of cooperatives through linkages with the World Bank-funded social rehabilitation project. The selected areas will provide an opportunity for innovative activities, processes and technologies for basic services and community development, which can be adapted for wider application. Systematic evaluation of activities at the central level will contribute to the improvement of national policies and nationwide application of lessons learned through the participation of regional, woreda and community organizations.

34. Out of 647 woredas nationwide, 64 are to be covered by the woreda integrated basic services programme, that is, about 10 per cent of the woredas in each region. The criteria for their selection have been established by the Government and UNICEF and adapted for each region. Support to the 64 woredas will be phased in, targeting 16 woredas during the first year and adding 20 and 28 in the second and third years respectively. The central Government and the regions have agreed that UNICEF technical and material support should be made available directly through regional governments, with resources targeted at the selected woreda. Implementation in each region will provide an opportunity to achieve and perhaps surpass the NPA goals in the selected woredas, thereby contributing significantly to progress towards achieving the selected mid-decade and other NPA goals nationally. The lessons learned from the implementation of the programme will also contribute to the improvement of social service programmes in each region. Annual reviews will lead to the extension of the programme to all remaining woredas. This will influence the focus of future regional social sector plans.

35. Close monitoring of the programme's impact on children and women will be achieved by using baseline surveys and community-based surveillance systems. An assessment of the programming process will be based on (a) development of policy at the central level for promotion of a participatory, area-based development strategy; (b) support of the social and economic committee of each woreda for the integration of basic services at the woreda and, especially, community levels; (c) mobilization of domestic resources for, and participation of NGOs in, expanding of the woreda integrated basic services programme; (d) assessment of the level of support of other donors to the woreda integrated basic services approach in additional woredas; (e) determination of the level of community participation in and ownership of programmes; (f) degree of coordination and mutual reinforcement among basic services programmes; (g) extent to which regions have adopted the woreda integrated basic services experiences in their own socio-economic programmes; and (h) overall impact of woreda integrated basic services activities on progress towards achieving the national programme of action goals.

36. Advocacy for and mobilization of additional external support to achieve coverage of all 647 woredas nationwide will be a central feature of the strategy. Lessons learned in the initial years of the programme will facilitate replicating successful experiences in each region with government and community funds and donor support. This will increase the level of "spin-off" benefits from the strategy in support of NPA implementation.

Primary health care

37. The following PHC objectives are linked to the woreda integrated basic services programme: (a) elimination of neonatal tetanus; (b) reduction of ARI-related child deaths by one third; (c) reduction of measles incidence by 70 per cent and of measles mortality by 95 per cent; and (d) adoption of a change in attitude on AIDS prevention among youth 10 to 19 years of age. The Bamako Initiative strategy, including the development of community co-managed facilities, cost-sharing and income-generating schemes, will strengthen community involvement and sustainability of PHC/maternal and child health (MCH) services in terms of access, utilization and quality. Increased access to

promotive, preventive and curative measures against diarrhoeal diseases, ARI and malaria through outreach services and community health services will help to decrease mortality. The rebuilding and extension of facilities and personnel capacity at health institutions will be accelerated through training, logistics support and provision of drugs and equipment. Under the Bamako Initiative strategy, community health and development committees will be established and health personnel and development agents trained in community co-management. In addition, integrated community-based health care will be established. Community-level training will focus on ORT use and diarrhoeal case management. A safe motherhood initiative will be implemented to improve access to prenatal and postnatal care, including services for promoting breast-feeding, family planning education and AIDS awareness. A focus on the implementation of the rural health information systems will strengthen decentralized monitoring to support woreda and community-based planning and management mechanisms.

38. To prevent immunizable diseases nationally, the health programme will seek to achieve 75 per cent coverage for all antigens, including tetanus toxoid for women of child-bearing age. This will be achieved in part by mobilizing religious, media and community leaders to reduce drop-out rates. EPI service delivery will be strengthened at existing sites, new sites will be established in underserved areas and vitamin A will be distributed as the first part of an EPI-plus system.

39. Other nationwide programme activities include advocacy with the Ministry of Health to develop relevant health policies, strategies and guidelines, including those on EPI-plus, the Bamako Initiative, integrated delivery of MCH services, control of communicable diseases, community health services and essential drugs, safe motherhood and control of malaria and ARI. AIDS prevention activities will include establishing AIDS clubs in schools, training teachers and providing out-of-school youth peer groups and group leaders with health education services.

Household food security and nutrition

40. The objective of this programme is to reduce child and maternal malnutrition and to increase household food security in the woredas in the integrated basic services programme from the 1992 level of 10 per cent to above 60 per cent by 1997. The programme will build awareness and skills in analysing nutritional issues so as to enable communities to assess, analyse and act on nutrition problems through the triple-A approach. High priority will be given to households in especially difficult circumstances, in particular those headed by women. Programme planning and implementation will focus on the role and needs of women in all activities.

41. The nationwide programme will advocate implementation of the national food and nutrition strategy, which will incorporate the national programme of action nutrition goals into regional development plans and annual budgets. The national nutrition programme will reactivate the marketing of iodized salt as a strategy to control and eventually eliminate IDD.

42. In woreda integrated basic services areas, support will be given to the promotion of dietary modification through fortification and supplementation

programmes in order to control and prevent micronutrient deficiencies, especially iodine, vitamin A and iron. Through IEC, dietary intake of vitamin A- and iron-rich foods will be promoted in ways that can be sustained by communities. In the woredas in the IBS programme, community-based systems will be introduced to involve the parents in growth monitoring and promotion. Monitoring of low birth weight and measurement of mid-arm circumference of pregnant women will be undertaken by community health workers. Promotion of community and family support to reduce the workload of pregnant women and improve their dietary intake are measures that will address maternal malnutrition. Government and NGO extension workers and community-based groups will be trained to analyse household food security problems. Households with food insecurity will be assisted through access to credit and agricultural inputs, such as appropriate low-cost technologies. The introduction of high-yield crop varieties as well as energy-saving and food-conservation technologies will help communities to improve their food security throughout the year.

Water supply and environmental sanitation

43. This programme will (a) support the development and promotion of national policies by providing technical and other assistance; (b) reduce water-borne and water-related diseases in the 64 woredas in the integrated basic services programme by increasing access to potable water supplies from 23 to 43 per cent and sanitary means of excreta disposal from 7 to 25 per cent; and (c) aim to eliminate dracunculiasis in endemic areas by the year 1995 and provide subsequent verification by the year 2000. To facilitate implementation, the programme will assist in building capacity at regional and woreda levels in line with the government policy of decentralization of sector management and operation. The promotion of environmentally friendly, low-cost technologies will be a key element in achieving the targets of the water supply and environmental sanitation sector.

44. The primary woreda integrated basic services activities will be (a) development of human resources, e.g., training of technicians, community participation promoters and sanitation workers; (b) mobilization of other donors to use cost-effective, replicable, affordable and sustainable technologies; (c) establishment or strengthening of maintenance facilities at regional and woreda levels; (d) promotion of community management and protection of water sources, with particular emphasis on women's empowerment; (e) design and dissemination of environmental sanitation and hygiene information; and (f) introduction of community-based monitoring systems, completion of the active case search for dracunculiasis and education on prevention. These activities will be closely linked to health education and CDD in the woredas in the integrated basic services programme.

Basic education

45. Based on the goals of the World Conference on Education for All, the woreda integrated basic services programme aims to (a) increase access to family- and community-based early childhood care, development and education from 2 to 20 per cent; (b) increase access to primary education from 19 to 60 per cent; and (c) increase literacy among 15- to 49-year-olds, especially girls and women,

from 24 to 36 per cent. The strategies include strengthening social mobilization, community involvement, primary education and adult education programmes, especially functional literacy, and increasing support to basic development education centres. The involvement of NGOs, community-based organizations and development workers in the planning, management and monitoring of interventions will strengthen the foundation for education activities. The woredas in the integrated basic services programme will be assisted in adapting curriculum materials to respond to community needs.

46. National-level support will be directed to (a) the preparation of an Education for All-oriented basic education policy with input from the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNICEF; (b) a comprehensive education analysis initially using woredas in the integrated basic services programme; (c) the introduction of child survival, protection and development-focused subjects in the syllabus and textbooks of pre- and in-service training of pre-school and primary school teachers; (d) strengthening education media to broadcast Facts for Life and education for peace messages; and (e) radio education for primary schools. Education activities both in national and woreda integrated basic services programmes will be adjusted once the national policy and accompanying strategies are completed. The woreda integrated basic services programme will support the introduction of basic education technologies, to enhance teaching and learning of community survival skills, and pre- and in-service training for pre-school and primary school teachers. The new policy on the use of local languages for school instruction will be supported through the provision of printed materials and the strengthening of training, research and translation services. Education topics will include health, nutrition, sanitation, AIDS prevention, environmental protection, education for peace and conflict resolution. Experiences gained in the woreda integrated basic services programme, coupled with the strengthening of partnerships between the Ministry of Education, other ministries, donors and NGOs, will contribute to ensuring that primary education enrolment and completion, especially by girls, is given high priority.

Social mobilization and communication

47. Social mobilization and information, education and communication activities in support of national programme of action goals will promote nationwide programmes. In the woredas, the integrated basic services programme will increase the demand for and participation in community-managed social services that contribute to the well-being of children and women. The communication strategy will focus on target groups, particularly female-headed households in rural areas, in order to generate changes in health knowledge, attitudes and practices, and to promote the utilization of basic services. The key to this effort is strengthening the communication skills of extension and community-based workers. Programme communication also will seek to enhance the empowerment of communities with technical knowledge and organizational skills for improving the quality of life. Innovative and traditional approaches to information, education and communication, as well as the increased involvement of women's organizations and religious groups, will help to develop more effective communication strategies. Regional governments and woreda administrations will be supported in the development of social mobilization components as part of their woreda integrated basic services plans of action.

48. Programme activities will ensure (a) the incorporation by sectoral programmes of a community and social mobilization component to stimulate effective community participation in planning, implementation, monitoring and evaluation; (b) the cooperation of all media operating in the region to support programmes benefiting children and women through advocacy, public information and policy promotion; (c) widespread dissemination of Facts for Life messages in the mass media; and (d) community-level communication interventions based on a solid understanding of the socio-economic and cultural profiles of communities.

Programme development, monitoring and evaluation

49. This cross-cutting programme will strengthen capacity at national, regional and woreda levels to support the planning and implementation of Government-UNICEF cooperation, the national programme of action, continuous monitoring of the situation of children and women and compliance with the Convention on the Rights of the Child. This programme also will help to strengthen community knowledge and skills in the triple-A process and to help all levels of government to monitor the social impact of socio-economic policies.

50. The programme will develop approaches for integrating gender concerns into woreda and regional socio-economic development plans and will promote strategies on appropriate technology, monitoring and evaluation and children and women in especially difficult circumstances for each sectoral programme. Systems that facilitate planning- and project-level coordination between programmes will also be developed. The monitoring and evaluation activities, including surveys, rapid assessments, appraisals, evaluations and studies, have been integrated into a single monitoring and evaluation plan. These activities will contribute to the 1996 mid-term review and final evaluation of the programme.

Emergency preparedness programme

51. The national policy on disaster prevention and management, launched in 1993, aims to combine relief efforts and economic development to strengthen coping mechanisms in disaster-prone areas in order to minimize suffering. The policy delineates functions and responsibilities of the three levels of government. The key strategies are (a) to strengthen emergency preparedness and management capacities of the regional RRC bureaux, in collaboration with the United Nations Development Programme (UNDP); (b) to assume the role of advocate for children and women in especially difficult circumstances; and (c) to establish remedial programmes for them. Sectoral projects will be targeted to minimize child mortality in emergencies through adapting and restoring basic services and family food security through funding from emergency appeals. Data-gathering and analysis of early warning systems will be an important focus. Information on available local resources for disaster management will be gathered during the woreda baseline surveys.

52. The programme will provide financial, material and technical assistance for strengthening regional RRC structures and specific community-based organizations involved in preparing local disaster preparedness and assistance plans. Mechanisms will be developed, in close collaboration with RRC, NGOs and the United Nations system, to improve local response to emergency situations in a timely and coordinated manner.

Cooperation with other agencies

53. The provisional national programme of action constitutes the general framework within which the country programme has been prepared and will be implemented and reinforced by additional assistance from bilateral and multilateral agencies. UNDP and UNICEF are collaborating in assisting regional governments to improve their socio-economic development plans through area-based programmes and emergency preparedness and mitigation activities. WHO and the United Nations Population Fund (UNFPA) are providing technical assistance to the woreda integrated basic services programme for the development of PHC and family-planning services. Communities in the selected woredas will have access to credit under the recent World Bank-funded social rehabilitation project and to food aid provided under the Government/WFP food-for-work programme. Education for all and human resources development initiatives will be supported by the African Development Bank (AfDB), the Swedish International Development Authority (SIDA), UNDP, UNESCO and the World Bank. The Canadian International Development Agency (CIDA), the Governments of Italy and the Netherlands, SIDA, the United States Agency for International Development (USAID), FAO and several NGOs, including Rotary International, will continue their complementary support to a range of governmental and non-governmental programmes benefiting children and women. UNICEF will continue to participate fully in inter-agency collaborative mechanisms established to reduce duplication and increase the impact of assistance, especially to children and women, from all sources. The Government and UNICEF have shared the draft programme of cooperation with other United Nations agencies. The plan is complementary to UNDP, FAO, UNESCO, UNFPA, WFP and WHO programmes of cooperation. The cooperation already initiated is expected to assist the Government in preparing its country strategy note for United Nations agency collaboration during the first part of the programme period.

54. UNICEF will continue to cooperate with other United Nations agencies involved in emergency operations through established in-country mechanisms. Several United Nations agencies (UNDP, WFP, the Office of the United Nations High Commissioner for Refugees and UNICEF) have decided to apply the cross-mandate concept in their interventions, assisting a given community with no distinction between refugees, returnees, internally displaced or drought-affected persons, thereby addressing the needs of the community as a whole in an integrated manner. UNICEF also holds regular consultations with the Joint Consultative Group on Policy, which has decided to harmonize its programming cycles by 1998, taking the government planning modalities into account.

Programme management

55. The woreda integrated basic services programme will be a major resource for improving the performance of nationwide programmes and reorienting social sector policies. It also will serve as the basis for expanding programmes to cover individual regions and eventually the entire country. The woreda integrated basic services programme is being initiated in a context of a severe shortage of skilled personnel and at a time when the government decentralization process and the revision of social and economic policies are still in progress. This implies low regional and woreda capacity in at least the initial phase. In

order to support capacity-building at these levels for programme management, accountability and implementation, with a focus on community empowerment, the existing four zone offices will be strengthened by assigning additional staff, most of whom will be redeployed from Addis Ababa. UNICEF staff will work with regional and woreda authorities and NGOs in capacity-building and systems development in line with the objectives of the country programme. This will strengthen accountability and build national capacity to manage the country programme and implementation of the national programme of action.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Ethiopia	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	208	(1992)	Very high U5MR
Infant mortality rate	123	(1992)	Very high IMR
GNP per capita	$ 120	(1991)	Low-income GNP
Total population	53.0 million	(1992)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1992
Births	(thousands)	1476	1768	2498	2627
Infant deaths (under 1)	(thousands)	234	272	317	322
Under-five deaths	(thousands)	398	460	539	547
Under-five mortality rate (per 1,000 live births)		270	260	216	208
Infant mortality rate (under 1) (per 1,000 live births)		159	154	127	123

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1982/1992)	Moderate & severe	38 a/	48 b/
	Severe	..	16 b/
Babies with low birth weight (%, 1979/1990)		13	16
Primary school children reaching final grade (%, 1984/1988)		41 *	44

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.)(%, 1992)	..	74
Timely complementary feeding rate (6-9 mos.) (%)	..	..
Continued breast-feeding rate (20-23 mos.)(%, 1992)	..	35
Prevalence of wasting (%, 1982/1992)	19 a/	12 b/
Prevalence of stunting (%, 1982/1992)	43 a/	63 b/
Daily per capita calorie supply (% of requirements, 1979-81/1990)	77	73
Total goitre rate (1990)	..	22
Household expenditure (% of total income, 1980-85) All food/cereals	..	49 / 24

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1992)		..	68
Access to health services	Total	..	46
(% of population, 1990)	Urban/rural	.. / ..	.. / ..
Access to safe water	Total	..	25
(% of population, 1991)	Urban/rural	.. / ..	91 / 19
Access to adequate sanitation	Total	..	19
(% of population, 1991)	Urban/rural	.. / ..	97 / 7
Births attended by trained personnel (%, 1988)		..	14
Maternal mortality rate (per 100,000 live births, 1992)		..	560 b/

Immunization		1981	1985	1990	1992
One-year-olds (%) immunized against:	Tuberculosis	10	11*	57 c/	21
	DPT	6	6	44 c/	13
	Polio	7	6	44 c/	13
	Measles	7	12	37 c/	10
Pregnant women (%) immunized against:	Tetanus	..	4	43 c/	7

a/ Data from nine zones.
b/ Rural only.
c/ Area under goverment control.

* UNICEF field office source.

TABLE 1 (continued)

Ethiopia

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	35 / ..	38 / 28
(%, 1980/1988)	Male	45 / ..	46 / 32
	Female	25 / ..	30 / 24
Secondary enrolment ratio (gross/net)	Total	9 / ..	15 / ..
(%, 1980/1988)	Male	11 / ..	17 / ..
	Female	6 / ..	12 / ..
Adult literacy rate, 15 years & older	Total	4	24
(%, 1970/1984)	Male/female	8 / ..	33 / 16
Radio/television sets (per 1,000 population, 1980/1990)		77 / 1	191 / 2

DEMOGRAPHIC INDICATORS		1970	1980	1990	1992	2000**
Total population	(millions)	31	39	50	53	67
Population aged 0-15 years	(millions)	14	18	24	26	33
Population aged 0-4 years	(millions)	5.5	7.0	9.6	10	12
Urban population (% of total)		9	11	12	13	15
Life expectancy at birth	Total	40	41	46	47	50
(years)	Male	38	39	44	45	49
	Female	42	43	48	48	52
Total fertility rate		6.7	6.8	7.0	7.0	6.3
Crude birth rate (per 1,000 population)		48	46	49	49	45
Crude death rate (per 1,000 population)		24	23	19	19	16

		About 1980	Most recent
Contraceptive prevalence rate (%, 1981)		2	..
Population annual growth rate	Total	2.4	2.6
(%, 1965-80/1980-92)	Urban	4.5	4.3

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-80/1980-91)		0.4	-1.6
Inflation rate (%, 1965-80/1980-91)		3	2
Population in absolute poverty (%, 1980)	Urban/rural	60 / 65	.. / ..
Household income share (% ,1982)	Top 20%/bottom 40%	41 / 21	.. / ..
Government expenditure	Health/education	4 / 9	3 / 11
(% of total expenditure, 1980/1988)	Defence	..	..
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	3 / 4
Official development assistance:	$US millions	212	951
(1980/1991)	As % of GNP	5	15
Debt service (% of goods and services exports, 1980/1991)		6	23

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1992-1994 a/

COUNTRY: ETHIOPIA
LATEST BOARD APPROVAL: 1992
GENERAL RESOURCES: $49 500 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	6 802	665	942	63	1 419		1 730	13	10 893	15 900	741	1 500	11 634	17 400
Household food security and nutrition	678	269	134	55	1	42	270	181	1 083	1 930	547	1 000	1 630	2 930
Water supply and sanitation	3 624	17	93	16	1 119		671	14	5 507	9 750	47	1 750	5 554	11 500
Education	897	84	1 220	19	251		752	57	3 120	6 800	160	1 500	3 280	8 300
Community organization and development	2 801	86	272	8	508		1 348	4	4 929	10 110	98	1 150	5 027	11 260
Programme support	938	352	178		1 695		1 161	177	3 972	3 990	529	750	4 501	4 740
Emergency	189	8 998	20	308	485	411	165	3 668	859	1 020	13 385	21 932	14 244	22 952
GRAND TOTAL	15 929	10 471	2 859	469	5 478	453	6 097	4 114	30 363 b/	49 500	15 507	29 582	45 870	79 082

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 16 December 1993.

b/ Including expenditure from global fund and additional general resources for unfunded supplementary funding.

/...

TABLE 3. PLANNED EXPENDITURE, mid-1994 - mid-1999

(In thousands of United States dollars)

Country: ETHIOPIA Period covered: mid-1994 - mid-1999	Funding status	mid-1994	1995	1996	1997	1998	mid-1999	Total
Primary health care	GR	1 260	2 460	2 460	2 460	2 460	1 260	12 360
	FSF	1 152						1 152
	NSF	410	1 320	1 470	1 570	1 620	710	7 100
Household food security and nutrition	GR	310	620	620	620	620	310	3 100
	FSF	378						378
	NSF	100	200	200	200	200	100	1 000
Water and environmental sanitation	GR	460	920	920	920	920	460	4 600
	NSF	400	850	850	850	850	450	4 250
Basic education	GR	460	920	920	920	920	460	4 600
	FSF	149						149
	NSF	400	850	850	850	850	450	4 250
Social mobilization and communication	GR	250	500	500	500	500	250	2 500
	NSF	90	180	180	180	180	90	900
Programme development, monitoring and evaluation	GR	680	1 360	1 360	1 360	1 360	680	6 800
Emergency preparedness programme	GR	310	620	620	620	620	310	3 100
WIBS central regions	GR	1 350	2 700	2 700	2 700	2 700	1 350	13 500
	NSF	500	1 250	1 250	1 250	1 250	750	6 250
WIBS southern regions	GR	710	1 420	1 420	1 420	1 420	710	7 100
	NSF	380	760	760	760	760	380	3 800
WIBS northern regions	GR	1 180	2 360	2 360	2 360	2 360	1 180	11 800
	NSF	600	1 080	1 080	1 080	1 080	480	5 400
WIBS eastern regions	GR	510	1 020	1 020	1 020	1 020	510	5 100
	NSF	370	660	660	660	660	290	3 300
Dracunculiasis eradication	GR	20	100	100	100	100	20	440
	NSF	500	350	200	100	50	50	1 250
TOTAL	GR	7 500	15 000	15 000	15 000	15 000	7 500	75 000
	FSF	1 679						1 679
	NSF	3 750	7 500	7 500	7 500	7 500	3 750	37 500
GRAND TOTAL		12 929	22 500	22 500	22 500	22 500	11 250	114 179

GR = General resources.
FSF = Funded supplementary funding.
NSF = New supplementary funding.
WIBS = Woreda integrated basic services (IBS).

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

ETHIOPIA

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, mid-1994 - mid-1999 (In thousands of US dollars)				POSTS a/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Primary health care	12 360			12 360			1		1	2	4	1	4	9	2 515	200	2 715
Household food security and nutrition	3 100			3 100				1			1	1	2	4	710	138	848
Water and environmental sanitation	4 600			4 600			1	1	1		3	1	3	7	2 125	169	2 294
Basic education	4 600			4 600				1			1	2	2	5	710	214	924
Social mobilization and communication	2 500			2 500								1	2	3		138	138
Programme development	6 800			6 800				1	2		3	2	20	25	1 966	772	2 738
Emergency preparedness programme	3 100			3 100			1				1	1	3	5	787	169	956
WIBS central regions	13 500			13 500								1	1	2		107	107
WIBS southern regions	7 100			7 100								1	2	3		138	138
WIBS northern regions	11 800			11 800								1	2	3		138	138
WIBS eastern regions	5 100			5 100								1	2	3		138	138
Dracunculiasis eradication	440			440													
TOTAL GR	75 000			75 000			3	4	4	2	13	13	43	69	8 813	2 321	11 134
SUPPLEMENTARY FUNDING																	
Primary health care		1 152	7 100	8 252				1			1	1	1	3	710	107	817
Household food security and nutrition		378	1 000	1 378													
Water and environmental sanitation			4 250	4 250					1		1	1	1	3	628	107	735
Basic education		149	4 250	4 399													
Social mobilization and communication			900	900													
Rep. Office + Liaison								1			1		1	2	710	31	741
Emergency preparedness programme									1		1	1		2	628	76	704
WIBS central regions			6 250	6 250													
WIBS southern regions			3 800	3 800													
WIBS northern regions			5 400	5 400													
WIBS eastern regions			3 300	3 300													
Dracunculiasis eradication			1 250	1 250													
TOTAL SF		1 679	37 500	39 179				2	2	0	4	3	3	10	2 676	321	2 997
TOTAL GR & SF				114 179			3	6	6	2	17	16	46	79	11 489	2 642	14 131
ADMINISTRATION AND PROGRAMME SUPPORT BUDGET (Proposed, 1994-1995)	**Operating costs**			1 662													
	Staffing c/			1 902	1		2	1	1		5	4	21	30	1 378	524	1 902
GRAND TOTAL (GR + SF + ADM)					1		5	7	7	2	22	20	67	109			
	Number of posts and staff costs:																
	- At the beginning of previous programme (1992)										23	19	71	113	N/A	N/A	N/A
	- At the beginning of proposed programme (1994)										22	20	67	109	N/A	N/A	N/A
	- At the end of proposed programme (1999) **(Indicative only)**										23	21	70	114	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ Project posts are funded for five years; core posts are funded for two years.

c/ The posts are effective as of 1 January 1994.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.